



Youth Sports Coach/Referee Informational Application

Return Application To:

Jacksonville Parks & Recreation
 5 Municipal Drive
 Jacksonville, AR 72076

Do You Want To Coach (or) Referee	<input type="checkbox"/> Coach	<input type="checkbox"/> Referee				
Sport(s) You Want To Coach/Ref:	<input type="checkbox"/> T-Ball	<input type="checkbox"/> Softball	<input type="checkbox"/> Baseball	<input type="checkbox"/> Flag Football	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Soccer
Have You Coached/Refereed Before:	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Do You Have A Child Playing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Do You Have An Asst. Coach:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>(if yes, please complete the Assistant Coach Information below)</i>			
Head Coach First/Last Name:						
Phone Number:						
Mailing Address:	City:	Zip:				
Physical Address:	City:	Zip:				
Email Address:						
Assist. Coach First/Last Name:						
Phone Number:						
Mailing Address:	City:	Zip:				
Physical Address:	City:	Zip:				
Email Address:						

JACKSONVILLE PARKS & RECREATION LIABILITY RELEASE:

My signature confirms that I hereby release and forever discharge the Jacksonville Parks & Recreation Department, the City of Jacksonville, and their employees from any and all manner of claims, causes of action, or liability, which may exist or may exist at any time in the future, arising out of or pertaining to any injury, loss, damage, or harm of any kind which has, will or may result or occur while participating in this program.

Head Coach (or Referee) Signature _____ **Date** _____

Assistant Coach Signature _____ **Date** _____